



E-4

COV-01215 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER 03 8 9 6 8 2 4 4 0	COMMON REFERENCE NUMBER (IF ANY) 	DATE OF BIRTH (MMDDYYYY) 04 06 11 9 64	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) APELO (FIRST NAME) FLORA (MIDDLE NAME) TARCILA (SUFFIX) EVASCO	ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) 36 CYAN VALLEY ST., AYALA SOUTHALE VILLAGE SONERA (SUBDIVISION) ALMANZA DOS (BARANGAY/DISTRICT/LOCALITY) LAS PINAS CITY (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE 17510		
TELEPHONE NUMBER (AREA CODE + TEL. NO.) 	MOBILE/CELLPHONE NUMBER 14089669099	E-MAIL ADDRESS ftapelo@aol.com	
FOREIGN ADDRESS (IF APPLICABLE) 140 MIRROR CT., PATTERSON, CALIFORNIA		COUNTRY USA	ZIP CODE 95363

B. DATA CHANGE/CORRECTION/UPDATING

A. ☐ CHANGE OF MEMBERSHIP TYPE

FROM

- ☐ Employed
☐ Voluntary
☐ Overseas Filipino Worker
☐ Non-Working Spouse (NWS)
☐ Prior Registrant

(A person who registered with the SSS for the first time as a prospective employee.)

TO

- ☐ Self-Employed (Please fill-out the details below.)
Profession/Business _____
Year Profession/Business Started _____
Monthly Earnings (P) _____

TO (Option for Prior Registrant Only)

- ☐ Non-Working Spouse (Please fill-out the details below.)
SS No./CRN of Working Spouse _____
Monthly Income of Working Spouse (P) _____
I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS.

SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

FROM

TO

B. ☐ CORRECTION OF NAME

- ☐ Last Name
☐ First Name
☐ Middle Name
(or change of middle initial to middle name)
☐ Prefix (e.g., "de", "dela", "delos", "del", "Ma." or "Maria") or Suffix (e.g., Jr., II or III)
☐ Simple Error in Spelling of Name (e.g., "i" to "e" or "u" to "o" or vice versa; inclusion/ deletion of space and special characters)
☐ Due to to Re-marriage

C. ☐ CORRECTION OF DATE OF BIRTH

D. ☐ CORRECTION OF SEX

E. ☐ CHANGE OF CIVIL STATUS

(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

- ☐ Single to Married
☐ Married to Legally Separated
☐ Married to Widowed
☐ Reversion from Married to Single

F. ☒ UPDATING OF CONTACT INFORMATION

- ☒ Address ☐ Telephone Number ☒ E-mail Address ☒ Mobile/Cellphone Number

G. ☐ UPDATING OF BANK INFORMATION

Bank Name Bank Branch Account Number

- ☐ Benefits (Sickness/ Maternity/Partial Disability)
☐ Loans
☐ PESO Fund

H. ☐ UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

I. ☒ UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
1. APELO	RENE	ALBA		HUSBAND	11 01 11 9 65	☒ New/Additional ☐ Deletion
2.						☐ New/Additional ☐ Deletion
3.						☐ New/Additional ☐ Deletion

C. CERTIFICATION

SS NUMBER

0389682440

I certify that the information provided in this form are true and correct.

FLORA TARCILA EVASCO APELO

PRINTED NAME

SIGNATURE

DATE

If member cannot sign, affix fingerprints (please see Instruction no. 5).

Below are the witnesses to fingerprinting:

1)

PRINTED NAME

SIGNATURE

DATE

ADDRESS & CONTACT NUMBER

2)

PRINTED NAME

SIGNATURE

DATE

ADDRESS & CONTACT NUMBER

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to Self-Employed

Business Code

Approved MSC

Start of Payment

Monthly SS Contribution (P)

For Change of Membership Type to Non-Working Spouse

Working Spouse's MSC

Approved MSC of NWS

Start of Payment

Monthly SS Contribution (P)

RECEIVED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

BRANCH

PROCESSED BY

ENCODED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

SIGNATURE OVER PRINTED NAME

DATE & TIME

REVIEWED BY

APPROVED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

SIGNATURE OVER PRINTED NAME

DATE & TIME

INSTRUCTIONS

1. Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
3. Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:

a. Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo

b. Filed by employer or company representative or household employer
 - 1. SS card or UMID card or two (2) ID cards of the **member**, both with signature and one (1) with photo; **and**
 - 2. Additional ID card/s per type of filer
 - 2.a Company ID of the **employer-filer**, with signature and photo, if filed by employer
 - 2.b Specimen Signature Card (SS Form L-501) of the **company representative**, if filed by company representative
 - 2.c Two (2) ID cards of the **household employer-filer**, both with signature and one (1) with photo, if filed by household employer
4. If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
5. If member cannot sign, witnesses to fingerprinting shall be as follows:

a. Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.

b. Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
6. If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
1.						☐ New/Additional ☐ Deletion
2.						☐ New/Additional ☐ Deletion
3.						☐ New/Additional ☐ Deletion
4.						☐ New/Additional ☐ Deletion
5.						☐ New/Additional ☐ Deletion